

Indiana Confined Feeding Regulation Program



RECORD BOOK

Presented by
Indiana Department of Environmental Management

June 26, 2001

Preface

The Confined Feeding Operation (CFO) Record Book is comprised of several forms and record keeping documents that a CFO will find useful and helpful in complying with IDEM's Confined Feeding Program.

The forms are symbol-coded as follows:



IDEM official forms that may be duplicated from the record book and must be used for the specific purpose.



Forms that represent data and documentation that must be maintained, but the format is not specific.



Forms that represent sections of the rule that are important, but the information is not required to be recorded.

*In addition to the symbol-coding, the status of each document is noted at the top of the page. **Required forms** are documents that are to be mailed to IDEM for reporting purposes. **Required information** forms represent information that you must keep on record, but not in a specific format. **Personal documents** are forms that IDEM recommends you keep on file because they represent important pieces of information that will assist you in complying with 327 IAC 16, but the information is not required. Numerous farm management software programs may also help fulfill requirements. Care should be taken to assure complete information is being maintained at all times.*

The original forms located in this record book should be duplicated, keeping the original clear and available for additional copying.

Correspondence from the CFO to IDEM may be sent via certified mail to assure documents are received in good order. All correspondence should be sent to:

**Confined Feeding Program
Solid Waste Permits
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015**

Questions may be directed to (800) 451-6027, extension 4473 or (317) 232-4473.

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- Solid Manure Staging Record
- Compliance Guide (Construction & Operation)

Indiana Confined Feeding Regulation Program



CONFINED FEEDING APPROVAL APPLICATION

The following items are required when submitting your application to IDEM:

- ☐ **A completed application packet**
- ☐ **Plot Maps, described in the “Plot Maps and Farmstead Plan” section of the Guidance Manual**
 - * Soil Survey Maps**
 - * U.S.G.S. Topographic Maps**
- ☐ **Land-Use agreements (if applicable)**
- ☐ **Farmstead Map, described in the “Plot Maps and Farmstead Plan” section of the Guidance Manual**
- ☐ **Waste Management System design drawings, as described in the “Waste Management System Drawings” section of the Guidance Manual, for the following buildings/unit:**
 - * Proposed waste storage and animal confinement structures**
 - * Proposed conversion of existing structures**
 - * Not previously approved existing structures**
- ☐ **Design and construction details (including soil boring information if applicable) for proposed structures as described in the “Design and Construction Requirements” section of the Guidance Manual**
- ☐ **Fee Transmittal Form and \$100.00 fee**
- ☐ **Confidentiality Claim (if applicable)**

**IF ANY OF THE REQUESTED MATERIALS ARE NOT PROVIDED, YOUR
APPLICATION WILL NOT BE PROCESSED.**



**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
CONFINED FEEDING FACILITY APPROVAL APPLICATION
FEE TRANSMITTAL FORM 48436**

This form shall be used to transmit fees for all confined feeding applications submitted or postmarked after June 30, 1997. The fee was established by the 1997 General Assembly as Ind. Code § 13-18-10-2 and is to accompany all applications. Make check or money order for \$100.00, payable to the Indiana Department of Environmental Management. Return this form and fee to the following address:

**Cashier's Office (N1324)
Indiana Department of Environmental Management
100 North Senate Avenue, P.O. Box 7060
Indianapolis, Indiana 46206-7060**

NOTE: a **COPY** of the **CHECK** and **FEE TRANSMITTAL FORM** must be attached to the application. Submit all application information to:

**Confined Feeding Program, Land Use Section
Office of Solid and Hazardous Waste Management (N1120)
Indiana Department of Environmental Management
100 North Senate Avenue, P. O. Box 6015
Indianapolis, Indiana 46206-6015**

Applicant(s) Information

Name		
Mailing Address	Street	City
State	Zip Code	Telephone Number (with Area Code)
County the Operation is Located in		

Please check the appropriate box:

- ☐ Completely New Operation (Currently undeveloped site)
- ☐ Existing Operation Without Prior Approval (Existing site, with or without construction)
- ☐ Modification to Approved Operation (New building and/or waste storage facility)



Confined Feeding Approval Application

To submit a request for a confined feeding approval this form must be completed, signed, dated, and returned to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

I. GENERAL OPERATION INFORMATION

1. Confined Feeding Operation

Operation Name _____

Mailing Address (*if different than owner address*) _____

City _____ State _____ Zip _____

Phone Number (_____) _____

Facility Location (*nearest crossroads*) _____

County _____ U.S.G.S Quadrangle _____

Section _____ Township _____ Range _____

Directions from nearest town to the confined feeding operation _____

2. Operation Owner

Applicant Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (Business): (_____) _____ (Residence): (_____) _____

E-mail Address: _____

3. Property Owner (*at the time of application submittal*)

Name _____

Mailing Address _____

City _____ State _____ Zip _____

Phone Number (Business): (_____) _____ (Residence): (_____) _____

E-mail Address: _____

4. **Operation Manager/ and or Lessee** *(if applicable)*

Name_____

Mailing Address_____

City_____State_____Zip_____

Phone Number (Buisness): (____)_____ (Residence): (____)_____

E-mail Address:_____

5. **Application For:** *(check one)*

- ☐ Completely New Operation (Currently undeveloped site)
- ☐ Existing Operation With No Prior Approval (Existing site with or without construction)
- ☐ Modification and/or Expansion to Previously Approved Operation

Log # (Farm ID#)_____ Current AW#_____

6. **Proximity to Public Water Supply** *(required)*

Is any portion of the confined feeding operation located within 1,000 feet of a surface water intake structure for a public water supply? _____

(Yes)

(No)

If so, provide the name of the community: _____

II. FACILITY DETAIL INFORMATION INSTRUCTIONS:

Complete the "Facility Detail Information" sheet for all confinement and waste structures present at the site. Previously approved confinement and waste structures, as well as proposed units, must be detailed.

1. **Label on Farmstead Map** ~ The structures must be uniquely identified on the farmstead map you created. Existing structures should be labeled with an "E". Proposed structures should be labeled with a "P". After labeling each building with a "P" or "E", number the structures. Your structures should be labeled as "E1", "E2", "E3", etc; or "P1", P2, "P3", etc; or a combination of the two. Note: Other unique labeling systems will be accepted.
2. **Animal Type** ~ Choose from the following: Nursery Pigs <40 lbs, Finishing Hogs, Sows with Litters, Gestating Sows, Boars, Dairy Cows, Dairy Heifers, Dairy Calves, Veal Calves, Beef Calves <500 lbs, Fattening Cattle, Beef Cows, Broilers, Pullets, Layers, Turkeys, Ducks, Ewes or Feeder Lambs.
3. **Number of Animals** ~ Provide the MAXIMUM CAPACITY of the unit at any one time.

4. **Solid or Liquid** ~ Denote if the manure in the unit is handled as a solid or liquid.
5. **Date Constructed** ~ List the approximate date of construction for existing buildings.
6. **Water Uses (gal/unit of time)** ~ If the inside of the building is washed, indicate how much water is used and how often the building is cleaned. For example: if you wash your milking parlor twice daily with 500 gallons per wash, you would record 1,000 gal/day; or if you use 1,000 gallons of water between groups of animals and you change groups once a month, you would record 1,000 gal/month.
7. **Brief Description** ~ Provide a brief description of the facility and waste management system. Indicate if the unit shares manure storage with another unit (i.e. common lagoon system, slurry store, etc.). **Previously approved structures must have the approval # and date approved listed.**

Example 1

Existing Previously Approved Swine Facility Proposing an Expansion

You are seeking approval for a proposed 1,000 head finishing building with a flush gutter system to a proposed lagoon. The lagoon will service the new building as well as two existing buildings that were approved on 12/17/1994, AW #1234. One of the existing buildings contains 1,500 nursery pigs, the other 300 gestating sows. The new finishing building will be washed out between groups of hogs with about 5,000 gallons of water per cleaning. You labeled the 1,000 head finisher "1" and the lagoon "2" on the farmstead map.

FACILITY DETAIL INFORMATION						
Label on Farmstead Map	Animal Type	Number of Animals	Solid or Liquid	Date Constructed (for existing buildings)	Water Uses gal/unit of time	Brief Description:
P1	Finishing Hogs	1,000	Liquid	N/A	5000 gal/ 3 times a year	A finishing building with flush gutter system to lagoon that will service 2 other buildings on site
E1	Nursery Pigs	1,500	Liquid	3/95	N/A	Shallow pits, previously approved on 12/17/1994, AW# 1234. Pit will be hooked to new lagoon.
E2	Gestating Sows	300	Liquid	3/95	N/A	6 foot concrete pit, previously approved on 12/17/1994, AW# 1234. Pit will be tied to new lagoon.
P2	N/A	N/A	Liquid	N/A	N/A	A clay lined lagoon will service the proposed building as well as the 2 buildings previously approved on 12/17/1994, AW#1234

Example 2

Existing Turkey Facility with No Prior Approval Proposing an Expansion

You currently own/operate a 20,000 bird broiler barn that does not require an approval, and wish to expand your operation by adding another 20,000 bird broiler barn and a manure compost building. Your total capacity will rise from 20,000 to 40,000 birds. You now must seek approval for both the existing barn and the proposed barn.

FACILITY DETAIL INFORMATION						
Label on Farmstead Map	Animal Type	Number of Animals	Solid or liquid	Date Constructed (for existing buildings)	Water Uses gal/unit of time	Brief Description:
E1	Broiler	20,000	Solid	~ 1995	N/A	A broiler barn with earthen floors
P1	Broiler	20,000	Solid	N/A	N/A	A broiler barn with earthen floors
P2	N/A	N/A	Solid	N/A	N/A	Earthen floored, additional manure storage

III. MANURE APPLICATION

1. Please indicate who land applies manure from this operation:
☐ Owner/Operator application
☐ Custom application
2. Please indicate if spray irrigation is a method of land application Yes / No
3. Total available acreage for land application of manure. **Copies of all land use agreements must accompany this application.**

(Set-backs must be subtracted from the total available acres to determine acreage available for land application).

Total available land application acreage _____

IV. MARKETING/DISTRIBUTION OF MANURE

IDEM will allow for a waiver of up to 75% of a facility's total land application requirement if the operation can provide the agency with documentation from the previous (2) two years that they have sold or distributed manure produced from the facility. The distribution documentation to be submitted with this application must include the names of people who received the manure, dates and amounts received, information regarding manure nutrient values and the list of land application restrictions that was provided to the consumer. More information, including sample calculations, can be found in the "Manure Management Plan" section of the Guidance Manual. **PLEASE ATTACH RECORDS OF SALES OR DISTRIBUTIONS FOR THE PAST TWO YEARS IF FILLING OUT THIS SECTION**

FACILITY DETAIL INFORMATION									
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[illegible]

I. Manure Testing

You can consult Purdue University, Cooperative Extension Service Publications AY-277, ID-101, ID-205 ASwine Manure Management Planning@, ID-206 APoultry Manure Management Planning@, ID-208 ADairy Manure Management Planning @ for guidance on procedures for manure testing.

A. Manure Sample Collection Procedures: _____

B. Nutrient Assessment:

- ☐ Private laboratory does a nutrient analysis of sample(s).
☐ N-Meter is used to determine nitrogen content.
☐ Other (explain) _____

C. Sampling Frequency: _____

II. Soil Testing

You can consult Purdue University, Cooperative Extension Service Publication AY-281 for guidance on procedures for soil testing.

A. Sample Collection Method:

- ☐ Management unit (field level)
☐ Grid method
☐ By soil type
☐ Other (explain) _____

B. Nutrient Assessment:

- ☐ Private laboratory does nutrient analysis.
☐ Other (explain) _____

C. Sampling Frequency: _____

Additional Comments: _____

By signing this form I attest that the information provided above is true and accurate.

This information is included in an attempt to provide you, the applicant, with the necessary guidance and forms to assure that all notification requirements placed on you and this agency will be met in order to ensure proper issuance. Indiana's statutes require notification be given to certain individuals at specific stages within the process.

There are currently three points in the process where public notification is required.

1. **Application Submittal:** IC 13-18-10 requires the applicant to provide notice to all adjoining landowners or occupants and the County Board of Commissioners within 10 working days of submittal. **This requirement is for operations that are to be constructed on property that is undeveloped or operations for which a valid existing approval has not been issued.** The cost is borne by the applicant.
2. **Application Receipt:** IC 13-15-3-1 requires this agency to notify the County Board of Commissioners, Mayor or Town Council President of any county, city or town that is affected by your application. Applications for facilities with twenty times the animal numbers required for approval listed in 327 IAC 16-2-5 and/or existing facilities that have had a discharge subject to an enforcement action by the agency in the previous five years, will be public noticed by this agency, in the local newspaper.
3. **Issuance of Decision:** IC 4-21.5 requires this Agency to give notice of its decision on your application to potentially affected persons. Potentially affected persons are the adjoining property owners on the list provided in the application and those who have identified themselves to the Agency with a request to be notified.

NOTIFICATION INFORMATION NEEDED FOR A CONFINED FEEDING APPROVAL

1. **Affidavit:** The enclosed affidavit states you will provide the required notice to all adjoining property owners or occupants and County Board of Commissioners within 10 working days of submitting an approval application to IDEM. It must be completed, signed, notarized and returned with your application. **This requirement is for operations that are to be constructed on property that is undeveloped or operations for which a valid existing approval has not been issued.**
2. **Potentially Affected Persons:** You must identify and provide complete addresses for all persons potentially affected by issuance of the approval or that are required to be notified by law. You must notify all those adjoining property owners or occupants per IC 13-18-10.

NOTIFICATION OF APPLICATION SUBMITTAL

A sample notification format has been included in the application for your use, but you are free to develop your own format. Your notice must (1) be in writing; (2) be sent by mail; (3) include the date on which the application was submitted; and (4) include a brief description on the subject of the application. A separate notification should be prepared for the County Board of Commissioners and each individual owning or occupying property adjoining the confined feeding operation. Please feel free to provide more information in the notification form, such as details about type of animals confined, type of manure (ie solid/liquid) to be applied, and methods of

As an adjoining property owner or occupant of the property listed below, you are hereby notified in accordance with IC 13-18-10, that application has been made to the Indiana Department of Environmental Management (IDEM) for a confined feeding approval at the following location:

Applicant's Name: _____

Date Application Submitted: _____

Property Location: _____

County: _____

Political Township: _____

Section: _____

Township: _____

Range: _____

Mailing Address or Nearest Crossroads: _____

Brief Description of Facility: _____

Your name and address have been provided to IDEM to be notified of the decision regarding the confined feeding operation proposal. Questions regarding the location or other aspects of the application should be addressed to:

Applicant's Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

IDEM will accept your written comments for 30 days after receiving the application at the following address:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015

application to the following persons:

- A. Each person to whom the decision is specifically directed;
- B. Each person to whom a law requires notice be given;
- C. Each person who has provided IDEM with a written request for notification of the decision;
- D. Each person who has a substantial and direct proprietary interest in the issuance of the approval;
- E. Each person whose absence as a party in the proceeding concerning the approval decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the approval and is so situated that the disposition of the matter, in the person's absence may:
 - 1. As a practical matter impair or impede the person's ability to protect that interest, or
 - 2. Leave any other person who is a party to a proceeding concerning the approval subject to a substantial risk of incurring multiple or otherwise inconsistent obligations by reason of the person's claimed interest.

IC 4-21.5 provides that we may request your assistance in identifying these people. Your failure to properly identify these people could result in reversal on procedural grounds of any decision which is made.

I have reviewed the treatment/control facility plans and specifications, and the information contained in the foregoing form. To the best of my knowledge and belief, such information is true, complete, and accurate.

THIS MUST BE SIGNED

(TITLE - CONFINED FEEDING OPERATION OWNER OR AUTHORIZED AGENT)

(SIGNATURE OF CONFINED FEEDING OPERATION OWNER OR AUTHORIZED AGENT)

(SIGNATURE OF PROPERTY OWNER, IF DIFFERENT THAN OPERATION OWNER *)

This affidavit must be completed and submitted with the application for confined feeding operations that are to be constructed on property that is undeveloped or existing operations for which a valid existing approval has never been issued.

AFFIDAVIT

_____, being first duly sworn upon oath, deposes and says:

1. I live in _____ County, Indiana, and being of sound mind and over twenty-one (21) years of age, I am competent to give this affidavit.
2. I hold the position of _____ for _____.
(applicant's name)
3. By virtue of my position with _____ (applicant's name), I am authorized to make the representation contained in this affidavit on behalf of the proposed confinement operation.
4. I understand that the notice requirement of Indiana Code 13-18-10 and applies to _____ (applicant's name) for purposes of the accompanying application.
5. As required by Indiana Code 13-18-10, the applicant will mail written notice to all adjacent landowners or occupants and the County Board of Commissioners not more than ten (10) days after submission of the accompanying application for _____ (briefly describe type of application) filed on behalf of _____ (applicant's name).

Further Affiant Saith Not.

I affirm under the penalty for perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Date

Signature of Affiant

Printed Name of Affiant

STATE OF INDIANA, COUNTY OF _____

Before me a Notary Public in and for said County and State, personally appeared _____, and being first duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true. Signed and sealed this _____ day of _____, 20 _____.

Signature:

NOTE: THIS PAGE MUST BE COMPLETED.

IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

(Administrative Orders & Procedures Act)

To ensure conformance with the Administrative Orders and Procedures Act and to avoid reversal of a decision, you must list all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. These parties must include, but are not necessarily limited to, property owners adjacent to the confined feeding operation. You must include all those adjoining property owners or occupants that you are required to notify per IC 13-18-10.

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

STREET _____

CITY, STATE, ZIP _____

NAME _____

NAME _____

CONFIDENTIALITY INFORMATION SHEET

This sheet includes information on the following issues relating to confidentiality:

- I.** Laws and rules regarding confidentiality
- II.** When to claim confidentiality
- III.** How to claim confidentiality
- IV.** IDEM's determination on your claim

I. Laws and rules regarding confidentiality

Generally all documents submitted to a government agency are public records and available for viewing by anyone. An exception to the rule language on public records (327 IAC 12.1) is the option for those regulated by IDEM to claim that their application materials or records are confidential and not subject to public viewing per 327 IAC 12.1-3-1(b). The basis for the claim of confidentiality is that the material or records can be deemed to be a "trade secret" as defined in IC 24-2-3-2(2)(C). The definition is printed below for your reference:

"Trade secret" means information, including a formula, pattern, compilation, program, device, method, technique, or process, that: (1) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and (2) is the subject of efforts that are reasonable under the circumstances to maintain its secrecy. As added by Acts 1982, P.L.148, SEC.1. Amended by P.L.8-1993, SEC.343.

II. When to use claim confidentiality

There are two instances where a producer may want to exercise a claim for confidentiality: 1) at the time of application for a Confined Feeding Approval and 2) during the acquisition of operating records by an IDEM inspector per 327 IAC 12.1-4-1(b).

III. How to claim confidentiality

In order to claim confidentiality, a very specific process must be followed per 327 IAC 12.1-4-1(a). For all application materials, a claim of confidentiality can be made by using the "Application Confidentiality Claim" form. Segregate the items you wish to claim as confidential and attach the Application Confidentiality Claim form to the front of these items. Additionally, each item must be clearly labeled as confidential. In addition to proper labeling, the request must contain supporting information to show that these materials are entitled to confidential treatment. The supporting information must meet the criteria as established in 327 IAC 12.1-4-1(d) which is printed below:

- (d) The person submitting the claim shall provide supporting information to show the information claimed as confidential is entitled to confidential treatment under IC 5-14-3, including the following:

- subsection (c). (Full citation is 327 IAC 12.1-4-1(c)).
- (4) Specify the period of time for which confidentiality is requested if the period is to be other than seventy-five (75) years as provided in IC 5-14-3-4(e).
 - (5) Whenever the claim is based on the commissioner's discretionary power to grant confidential status to information under IC 5-14-3-4(b) and IC 13-14-11-3(a)(2), state all of the following:
 - (A) The statute, rule, permit, or other authority that requires the submission of such information.
 - (B) Facts demonstrating that the information may be treated as confidential under IC 5-14-3-4(b).

For claiming confidentiality on materials that IDEM is acquiring from your operating record for enforcement or other purposes, use the "Inspection Confidentiality Claim" form which is available from inspectors. At the time of the inspection, list all the documents which you feel are confidential in the middle section. The basis for claiming confidentiality is to be listed in the lower section of this form and can be done either at the time of the inspection or up to five days after the inspection. Since the form is in triplicate, one sheet can be provided to the inspector, a second sheet can be mailed in within 5 days by the owner/operator, and a third sheet can be retained by the owner/operator.

IV. IDEM's Determination on Confidentiality

Once your request has been properly made to IDEM, the agency will make a determination on whether it qualifies for confidentiality or not. Per 327 IAC 12.1-6-2, the agency may request additional information before making the final decision of approval or denial of the request. The submitted or acquired material will be treated as confidential until a final decision has been made. In accordance with IC 4-21.5, as with any other agency decision, a determination on confidentiality is appealable.

This form must be used when submitting information you wish to claim as confidential to IDEM with your application for a confined feeding approval. Any information not specifically claimed as confidential becomes a public record upon receipt by the department. List below the information claimed as confidential and the element of the definition of “trade secret” under IC 24-2-3-2 that applies.

In accordance with 327 12.1-4-1, I claim the following information as confidential under IC 5-14-3-4:

Confidential Information:

Basis for Statutory Confidentiality Claim:

1) _____

2) _____

3) _____

Printed Name

Signature

Date

Indiana Confined Feeding Regulation Program



REQUIRED FORMS (to be submitted to IDEM when necessary)

Presented by
Indiana Department of Environmental Management



Confined Animal Feeding Operation Approval Renewal (Required Form)

This renewal form must be completed, signed, dated, and returned to IDEM prior to the expiration date of the current approval. This form may also be used to present a revised or updated Manure Management Plan if changes are made before the 5 year renewal period. The form should be sent to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Farm ID No. (Log#), _____ (or) Approval Number, AW-_____
Date of Last Approval: _____ County of Operation: _____
Owner Name (Name to which the Approval was issued): _____
Name of Operation (if applicable): _____
Mailing Address of Owner: _____
Telephone Number (with area code): _____ Email Address: _____
Location of Operation (nearest crossroads or mailing address): _____
If any of the above information is unknown, contact IDEM at 317/232-4473.

Manure Management Plan Renewal

Manure Testing:

Sample Collection Procedures: _____

Nutrient Assessment:

- ☐ Private Laboratory – nutrient analysis of sample
- ☐ N-Meter – nitrogen analysis of sample
- ☐ Other (explain) _____

Sampling Frequency: _____

Soil Testing:

Collection Procedure:

- ☐ Management Unit (field level) _____
- ☐ Grid Method _____
- ☐ Other (explain) _____

Nutrient Assessment:

- ☐ Private Laboratory – nutrient analysis of samples
- ☐ Other (explain) _____

Sampling Frequency: _____

Operation & Land Application Maps or Manure Distribution Records:

Attach USDA NRCS soil survey maps that identify the location of the operation and the boundary areas of all the spreading acreage currently available where manure can be applied. Please indicate the number of acres available for spreading on each outlined area (field).

(OR)

If a manure distribution program is used, attach manure distribution records.

Applicable land use agreements or manure distribution records must be maintained by the CFO on site and available for review during an inspection.

Modifications

Please detail below any changes in manure storage capacity or animal species/type confined at the operation that have been made since the time of your last Approval. Please note that if you have constructed any confinement buildings or manure storage structures without prior approval from IDEM, you must submit an application for a new Confined Feeding Approval.

By signing this form I attest that the information provided above is true and accurate.

Submitted by: _____

Date: _____



**Confined Animal Feeding Operation
Facility Change Notification**
(Required Form)

State Form 50209 (5-01)

This notification form must be completed, signed, dated, and returned to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Farm ID No. (Log#), _____ (or) Approval Number, AW-_____
Date of Last Approval: _____ County of Operation: _____
Owner Name (Name to which the Approval was issued): _____
Name of Operation (if applicable): _____
Mailing Address of Owner: _____
Telephone Number (with area code): _____ Email Address: _____
Location of Operation (nearest crossroads or mailing address): _____

If any of the above information is unknown, contact IDEM at 317/232-4473.

Instructions:

The owner/operator of an approved CFO must report facility changes to IDEM in writing for the following reasons:

- Changes to the positioning of an approved structure that remains in compliance with the setback distances and within the boundaries identified in the farmstead plan and delineated by representative site borings.
- Changes in the design or construction of an approved structure as shown in "as-built" plans.
- Reduction in manure storage capacity that maintains the minimum number of days of combined storage required at the time the structures were approved by IDEM (a "Closure Certification Form" available from IDEM must accompany the "Facility Change Notification Form" in this case).
- Transfers of ownership (refer to "Request for Approval Transfer" form of the record book).
- Correction of typographical or other minor errors within the approval or other minor changes as determined by IDEM.

These types of changes must be reported by the owner/operator using this form (except for a transfer of ownership, which should be reported on the form noted above). Any other facility changes must be applied for by using the "CFO Approval Application" form. It is preferred that the "Facility Change Notification Form" be submitted in advance of making changes to the construction plan. This will allow IDEM to confirm that a new approval is not warranted. Questions should be directed to the IDEM Confined Feeding Program, (800)451-6027 or (317)232-4473.

Proposed changes: _____

Attach necessary documentation pertaining to the proposed modifications. For example: revised construction/design drawings, revised farmstead plan, livestock population changes/calculations, manure handling technology. Refer to original application procedures for guidance.

By signing this form I attest that the information provided above is true and accurate.

Submitted By: _____ Date: _____



**Confined Animal Feeding Operation
Construction Notification**
(Required Form)

State Form 50210 (5-01)

This notification form must be completed, signed, dated, and returned to IDEM when construction of the waste management system begins. The form should be sent to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Farm ID Number, _____ (or) Approval Number, AW-_____
Date of Approval: _____ County of Operation: _____
Owner Name (Name to which the Approval was issued): _____
Name of Operation (if applicable): _____
Mailing Address of Owner: _____
Telephone Number (with area code): _____
Location of Operation (nearest crossroads or mailing address): _____

If any of the above information is unknown, contact IDEM at 317/232-4473.

Construction Start Date: _____
Name of Contractor (if applicable): _____ Phone No: _____

Does the current construction plan differ from what was approved by IDEM? ____No ____Yes

If yes, you must notify IDEM of any changes in the construction plan. The following changes can be made that do not require a new Confined Feeding Approval:

- changes to the positioning of an approved structure including confinement buildings, wells, lagoons, etc. that remain in the area of the original site assessment (footprint) submitted with the application, and that maintain compliance with required setback distances;
- reduction in manure storage capacity that maintains at least 180 days of combined storage at the operation; or
- changes in construction and design details as shown in "as-built" plans.

You must use the "CFO Facility Change Notification Form" available from our office to notify IDEM of these modifications. If possible, it is preferred that the notification form be submitted in advance of making modifications to the construction plan. This will allow IDEM to confirm that a new approval is not warranted.

Changes that do not fall into one of the above categories may require a new Confined Feeding Approval. Questions should be directed to the Confined Feeding Program at (800) 451-6027, extension 2-4473 or (317) 232-4473.

By signing this form I attest that the information provided above is true and accurate.

Signature

Date

THIS AFFIDAVIT MUST BE RETURNED TO IDEM WITHIN 30 DAYS AFTER COMPLETION OF CONSTRUCTION AT THE CONFINED FEEDING OPERATION.

Affidavit Regarding Indiana Code 13-18-10

_____, being first duly sworn upon oath, deposes and says:

- 1. I live in _____ County, Indiana, and being of sound mind and over twenty-one years of age, I am competent to give this affidavit.
- 2. I am legally authorized to make the representations in this Affidavit on behalf of _____, the recipient of approval number AW _____ issued on _____.
- 3. I know and understand the requirements for construction of the confined feeding operation as imposed by the approval.
- 4. I have personal knowledge of the construction of the confined feeding operation that is the subject of the approval.
- 5. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION WAS CONSTRUCTED IN ACCORDANCE WITH THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT-S APPROVAL.
- 6. I know and understand the requirements for managing the confined feeding operation as imposed by the approval.
- 7. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION WILL BE OPERATED IN ACCORDANCE WITH THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT-S APPROVAL.

Further Affiant Saith Not.

I affirm under penalty of perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Printed Name of Affiant

Signature of Affiant

Date

STATE OF INDIANA

COUNTY OF _____

Before me as a Notary Public in and for said County and State, personally appeared _____ and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true. Signed and sealed this _____ day of _____, 20____.

Signature: _____

Printed: _____

My Commission Expires: _____

Residence of _____ County

**IF CONSTRUCTION IS NOT INVOLVED, THIS AFFIDAVIT MUST
BE RETURNED TO IDEM WITHIN 30 DAYS AFTER THE
EFFECTIVE DATE OF THE APPROVAL.**

Affidavit Regarding Indiana Code 13-18-10

_____, being first duly sworn upon oath, deposes and says:

1. I live in _____ County, Indiana, and being of sound mind and over twenty-one years of age, I am competent to give this affidavit.
2. I am legally authorized to make the representations in this Affidavit on behalf of _____, the recipient of approval number AW _____ issued on _____.
3. I know and understand the requirements for managing the confined feeding operation as imposed by the approval.
4. As required by Indiana Code 13-18-10, I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE CONFINED FEEDING OPERATION WILL BE OPERATED IN ACCORDANCE WITH THE INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT'S APPROVAL.

Further Affiant Saith Not.

I affirm under penalty of perjury that the representations contained in this affidavit are true, to the best of my information and belief.

Printed Name of Affiant

Signature of Affiant

Date

STATE OF INDIANA

COUNTY OF _____

Before me as a Notary Public in and for said County and State, personally appeared _____ and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true. Signed and sealed this ____ day of _____, 20____.

Signature: _____

Printed: _____

My Commission Expires: _____

Residence of _____ County



Confined Animal Feeding Operation Request for Approval Voidance (Required Form)

To submit a request to have your approval voided and removed from the Confined Feeding Approval system, this form must be completed, signed, dated, and returned to:

Jerome Rud, Chief
Solid Waste Permits Section
Office of Land Quality
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Approval Number, AW- _____ (or) Log Number, _____
 Date of application approval (or most recent approval update): _____
 Owner Name (Name to which most recent approval was issued): _____
 Mailing address of owner: _____
 Telephone Number (with area code): _____
 Name of Operation (if applicable): _____
 Location of Operation (nearest crossroads or mailing address): _____
 County of Operation: _____

If any of the above information is unknown, contact your Local County Extension Agent or IDEM at 317/232-3111.

I am requesting my approval be voided because (check all that apply):

- ☐ My operation currently does not meet the definition of a confined feeding operation under the statute IC 13-11-2-40(1) and (3) which states:
 "Confined feeding operation", for purposes of IC 13-18-10, means:
- (1) any confined feeding of:
 - (A) at least three hundred (300) cattle;
 - (B) at least six hundred (600) swine or sheep; and
 - (C) at least thirty thousand (30,000) fowl; or
 - (3) any animal feeding operation that is causing a violation of:
 - (A) water pollution control laws;
 - (B) any rules of the water pollution control board; or
 - (C) IC 13-18-10.
- ☐ I no longer confine livestock at the above referenced facility.
- ☐ I have removed all manure stored in pits and/or lagoons at the above referenced facility.

By submitting this request for voidance I understand that my request will be reviewed by IDEM staff and an Agricultural Waste Inspector will visit my farm to confirm that manure has been properly removed from any lagoons, pits, or tanks. If a voidance is granted, I understand that I will be removed from the list of approved operations and will not have to meet the requirements of my approval or submit a manure management plan to IDEM once every five (5) years. If I intend at some point in the future to increase the size of my operation above the animal numbers required in IC 13-18-10 I must seek a new approval prior to increasing the size of the operation.

By signing this form I attest that the information provided above is true and accurate.

Signature

Date



Confined Animal Feeding Operation Request for Approval Transfer

(Required Form)

To submit a request to have your Confined Feeding Approval transferred to another party, this form must be completed, signed, dated, and returned 45 days prior to the date of transfer to:

Jerome Rud, Chief
Solid Waste Permits Section
Office of Land Quality
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Current Approval Number, AW-_____ (or) Log Number _____

Date of Approval Issuance: _____

Location of Operation (mailing address or nearest crossroads) _____

County of Operation: _____ Section: _____ Township: _____ Range: _____

If any of the above information is unknown, contact your Local County Extension Agent or IDEM at 317/232-3111.

TRANSFEROR INFORMATION:

(Print clearly)

Name of Transferor (or Current Permittee)

Current Name of Operation (if any)

Mailing Address of Transferor

Phone Number (with area code)

TRANSFeree INFORMATION:

(Print clearly)

Name of Transferee (or New Permittee)

New Name of Operation (if any)

Mailing Address of Transferee

Phone Number (with area code)

Date of Transfer _____

EXISTING VIOLATIONS

List below all existing, outstanding violations that apply to this farm, including violations documented in any letter from IDEM's Agricultural and Solid Waste Compliance Section or the Office of Enforcement for which a "Notice of Violation" has been issued, a "Commissioner's Order" has been issued, or an "Agreed Order" has been entered into. List the case number (if applicable) for each violation, and provide a brief explanation of who will be responsible for correction of each violation upon transfer of the facility.

VIOLATION

CASE NUMBER

RESPONSIBILITY FOR CORRECTION

I hereby certify that to the best of my knowledge, the above information is accurate and request that Confined Feeding Approval Number, AW-_____, and all conditions listed therein, be transferred to the party named above as the new owner and responsible party. Additionally, in order to maintain a valid Approval, I know that the new owner must submit a Manure Management Plan Update form once every five (5) years.

Transferor's Signature

Date

Transferee's Signature

Date

STATE OF INDIANA (Notarizing Optional)

COUNTY OF _____

Before me as a Notary Public in and for said County and State, personally appeared _____
and being duly sworn by me upon oath, says that the facts stated in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 20____.

Signature: _____

Printed: _____

My Commission Expires: _____

Residence of _____ County



**Confined Animal Feeding Operation
Closure Certification**
(Required Form)

As required by 327 IAC 16-11-3(d), this notification form must be completed, signed, dated, and returned to IDEM no later than thirty (30) days after permanent closure of either a portion of or an entire waste storage structure. The form must be submitted to:

Confined Feeding Program
Indiana Department of Environmental Management
100 North Senate Avenue
P.O. Box 6015
Indianapolis, Indiana 46206-6015

Farm ID Number (Log#), _____ (or) Approval Number, AW-_____
Owner Name (Name to which the Approval was issued): _____
Name of Operation (if applicable): _____ Telephone Number: () _____
Location of Operation (nearest crossroads or mailing address): _____
If any of the above information is unknown, contact IDEM at 317/232-4473.

Future Intended Use of Closed Storage Structure: _____

New Combined Storage Capacity at Facility (after closure): _____ days

Certification Statement

I, _____, being first duly sworn upon oath, deposes and says:

1. I live in _____ County, Indiana, and being of sound mind and over twenty-one (21) years of age, I am competent to give this certification.
2. I hold the position of _____ for _____ (facility's name), and by virtue of my position with _____ (facility's name), I am authorized to make the representation contained in this certification on behalf of the confinement operation.
3. I have personal knowledge of the closure of the waste storage structure that is the subject of this certification.
4. I have removed all manure from the closed waste storage structure.
5. I have land applied all manure in accordance with 327 IAC 16-10 or have managed it accordance with state and federal laws.
6. If applicable, I have removed all associated appurtenances and conveyance structures from uncovered liquid manure structures.
7. I know and understand the requirements for closure of a waste storage structure as imposed by 327 IAC 16-11-3(a-c), and as required by 327 IAC 16-11-3(d), I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE WASTE STORAGE STRUCTURE WAS CLOSED IN ACCORDANCE WITH 327 IAC 16-11-3(a-c)

Date

Signature

Printed Name

Indiana Confined Feeding Regulation Program



REQUIRED INFORMATION FORMS

(to be maintained in the operating record on site)

Presented by
Indiana Department of Environmental Management



Confined Animal Feeding Operation Emergency Spill Response Plan

(Required Information)

A spill response plan similar to the one below must be completed, maintained and kept on file at the farm. Please include a copy of the farmstead map with your plan. For detailed information on what must be included in the plan, refer to page 23 of the Guidance Manual.

Farm ID No. (Log#), _____ (or) Approval Number, AW- _____

Date of Approval: _____ County of Operation: _____

Location of Operation (nearest crossroads or mailing address): _____

If any of the above information is unknown, contact IDEM at 317/232-4473.

CONTACTS IN CASE OF EMERGENCY:

Owner Name (Name to which the Approval was issued): _____

Name of Operation (if applicable): _____

Mailing Address of Owner: _____ City: _____ State: _____ Zip: _____

Business Phone: () _____ Home Phone: () _____ Cell Phone: () _____ Pager: () _____

Manager Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Business Phone: () _____ Home Phone: () _____ Cell Phone: () _____ Pager: () _____

Other Employees and Phone Numbers:

1. _____
2. _____
3. _____

Other Contacts and Phone Numbers:

1. County Emergency Response Director: _____

2. IDEM Inspector: _____

3. County Health Department: _____

4. IDEM Spill Line (call within 2 hrs of spill): _____ 1(888) 233-7745

5. Downstream Water Users within 10 miles: _____

6. Surface Intake Structures (Towns & Cities): _____

7. Natural Areas (State Parks, Urban Parks, etc.): _____

DETAILS ABOUT THIS LOCATION:

Number of Confinement Buildings: _____

Maximum Capacity of Animals: _____

Manure Storage Capacity (specify in gallons or cubic feet):

- ☐ Pit _____
- ☐ Lagoon _____
- ☐ Stockpile _____

SPILL ANTICIPATION & ASSESSMENT:

(Discuss possible spill sites and problems. Examples appear on the back of this page. Please include a location map for reference.)

SITE ASSESSMENT	RESPONSE	CLEANUP/REPAIRS
1		
2		
3		
4		
5		
6		
7		
8		
9		

10		
11		
12		
13		
14		
<u>Examples:</u> Hose breaks during transport, spilling manure into ditch	Contain spilled manure with on-site materials such as a backhoe, hay bales, etc.	Repair hose and pump out water and manure in ditch and land apply contained manure.
Broken water pipe overflows pit to a small creek down grade	Use backhoe to push dirt pile into creek to stop flow Shut off water and repair pipe	Call neighbor, borrow irrigation pump to remove waste water to wheat stubble, incorporate, remove dirt pile in creek
Excessive rain on manure stockpile causing runoff toward open tile in field	Cover pile with large tarp, use backhoe to divert runoff from tile into low area in field	Pump waste out if necessary. Spread or move pile when possible and incorporate into soil.

[illegible]



MANURE APPLICATION RECORD

(Required Information)

As required by 327 IAC 16-10-2(c), you must document and maintain information regarding the acreage used for land application of manure. You may use this form to document compliance with the rule. It is suggested that you use a separate form for each tract of land you use for manure application.

Field ID _____

Date	Applicator Initials	Manure Source	Method of Land Application	Area of the Field Covered (i.e. Eastern half)	Acres Covered	Amount Applied (gal/ton/#)	Available Manure N*	Pounds of N Applied Per Acre	Pounds of N Recommended per Acre (Based on crop rotation)	Crop		Additional N Inputs (i.e. fertilizer, legume credits lbs/acre)
										Past	Planned	
EXAMPLE: May 5, 2001	MJL	Finishing Pit	Injection	North Third	25	3000 gal/acre	35 lb/1000 gal (Calculated from manure test)	105 lbs/acre	180 lbs/acre	Soybeans	Corn	30 lbs/acre of N credits from Soybeans 45 lbs/acre of N fertilizer

* This value can be calculated using the Purdue Extension Publication AY 277 "Calculation Manure and Manure Nutrient Application Rates"



MANURE DISTRIBUTION RECORD

(Required Information)

This information must be maintained on site and should document manure marketed or distributed (given away) to any person receiving greater than ten (10) cubic yards or 2,000 gallons in a year. See the “Marketing or Distribution of Manure Information Sheet” for additional information on this topic. This information should be used in conjunction with the “Marketing or Distribution of Manure Information Sheet” that is to be provided to each recipient of the manure.

Confined Feeding Operation Owner_____

[illegible]



Marketing or Distribution of Manure Information Sheet

(Required Information)

The IDEM Confined Feeding regulation 327 IAC 16-10-5 states the following:

Section (a) The owner/operator of the confined feeding operation or other feeding operation shall provide an information sheet to any person that receives or purchases more than ten (10) cubic yards or 2,000 gallons of manure in a year from the confined feeding operation or other feeding operation unless the owner/operator takes responsibility for applying the manure.

Section (b) The information sheet must contain, at a minimum, the following information:

1. Name and address of operation providing the manure;
2. A statement indicating that it is unlawful to allow the manure to enter any waters of the state;
3. Information on the nutrient content of the manure (nitrogen levels required); and
4. The manure application requirements of 327 IAC 16.

The owner/operator must maintain records of manure recipients and the quantities received.

Therefore, the following information complies with the minimum standards imposed by 327 IAC16-10-5.

Manure Recipient Name and Address:

Manure Nutrient Content
(use appropriate unit)

#/1000 gals.

Nitrogen

Phosphorous

Potassium

#/cu.yd.

#/ton

Application Restrictions:

- It is unlawful to allow manure to enter any waters of the state.
- Manure must be applied in accordance with 327 IAC 16-10 (see reverse side for guidelines)

CFO Owner and Address:

Quantity Received: _____

Date Received: _____

In addition to providing this form to each recipient, you should also keep a copy for your own records.

Guidelines for Land Application of Manure

Required Acreage for Manure Application:

A minimum number of acres for manure application must be maintained and documented in the operation record at all times based on: agronomic rates for potentially available nitrogen provided by a laboratory soil test, and a manure test; or application rates not to exceed one hundred fifty (150) pounds of potentially available nitrogen per acre per year, for confined feeding operations and other animal feeding operations that have not received the test results on the soil and manure.

Required Setback Distances:

Application of manure must be in accordance with the setback distances in **Table 1**. All setback distances must be measured from the edge of the feature to actual placement of manure on the land.

Table 1. Setback Distances (in feet)

Known Feature	Liquid Injection or Single Pass Incorporation	Liquid Incorporation*: Application to Pasture; or Solid or Composted Manure Application	Liquid Surface Application	
			Less than or Equal to 6% Slope; or Residue Cover	Greater than 6% Slope
Public water supply wells and public water supply surface intake structures	500	500	500	500
Surface waters of the state	25	50	100	200
Sinkholes (measured from the surficial opening or the lowest point)	25	50	100	200
Wells	50	50	100	200
Drainage inlets	5	50	100	200
Property lines and public roads	0	10	50	50

*Liquid incorporation of manure means only manure that has been incorporated into the soil within twenty-four (24) hours of placement on the land.

Exceptions to setback distances in Table 1:

1. If the owner of adjoining property submits consent in writing, then the property line setback may be waived.
2. If a properly designed and maintained filter strip is located between the application site and waters of the state, any known well, the surficial opening or lowest point of any sinkhole, or any drainage inlet (including water and sediment control basins) then the setback is the width of the filter strip.
3. If a gradient barrier is located between the application site and surface waters of the state; any known well, the surficial opening or lowest point of any sinkhole, or drainage inlet (including water and sediment control basins) then the setback is ten (10) feet.

Prohibitions:

1. Application of manure to frozen ground must be handled in accordance with the following:
 - A. Surface application of manure to slopes of two percent (2%) without adequate residue protection or crop cover is prohibited on snow covered or frozen ground.
 - B. Surface application to snow covered or frozen ground of manure from a new or modified operation approved after the effective date of this rule is prohibited, unless allowed by special temporary condition.
 - C. Spray irrigation of liquid manure to snow covered or frozen ground is prohibited.
2. No spray irrigation of manure on land that has less than twenty (20) inches of soil above bedrock unless with an approved spray irrigation plan.
3. No spray irrigation of manure in a flood plain unless with an approved spray irrigation plan.
4. No manure shall be applied to saturated ground.
5. No manure shall be applied from equipment operating on a public road.
6. No manure shall be applied to highly erodible land unless the land has residue protection or crop cover, or in accordance with a conservation plan.



Manure Land Use Agreement

(Required Information)

I, _____ (Landowner name), hereby give permission
to _____ (Producer), who owns a confined feeding operation located at
_____, in _____ County, to land apply manure for use
as a fertilizer to my land, located in _____ County under the following terms and conditions:

1. The **Producer** will manage, store, transport and spread the manure to ensure that there is no discharge from the manure to surface waters, including but not limited to ditches, streams, ponds, lakes, rivers and drainage inlets
2. This agreement between the **Producer** and the **Landowner** shall be in effect for a term of _____ years unless terminated by either party upon _____ days notice.

Optional Conditions of the Land Use Agreement (check all that will apply):

- ☐ The **Producer** will land apply the manure in accordance with accepted agronomic rates of the receiving crop based upon soil samples (taken within the previous three (3) years) provided by the **Landowner**.
- ☐ The **Producer** will provide to the **Landowner** a written total of the amount of manure applied and the location of applied manure within _____ days of completion of the application.
- ☐ The **Producer** will provide the **Landowner** with laboratory results of the manure, including but not limited to, total available nitrogen, total and/or available phosphorus, and total potassium.
- ☐ The **Producer** will ensure soil productivity and prevent soil compaction by avoiding application to wet soils.

Specific Conditions Agreed Upon by the Landowner and Producer:

IN WITNESS WHEREOF, the parties agree to this agreement and have set their hands and seals on the date(s) indicated.

PRODUCER,

LANDOWNER,

Date _____

Date _____



Confined Animal Feeding Operation Emergency Spill Response Documentation *(Required Information)*

This form should be used to assist a CFO in documenting a spill and the steps needed to prevent or minimize environmental damages. Completion of this information is required if a spill occurs. This document may assist a CFO in explaining the cause of the spill, the containment and clean up process to IDEM.

You must call the IDEM Spill Line (1-888-233-7745) within 2 hours of discovering a spill.

Farm ID No. (Log#): _____ (or) Approval Number, AW- _____

Date of Approval: _____ County of Operation: _____

Owner Name (Name to which the Approval was issued): _____

Name of Operation (if applicable): _____

Mailing Address of Owner: _____

Telephone Number (with area code): _____ Email Address: _____

Location of Operation (nearest crossroads or mailing address): _____

If any of the above information is unknown, contact IDEM at 317/232-4473.

Spill Documentation:

Spill Date: _____

Volume Spilled: _____

Cause of Spill: _____

Manure Analysis of Spilled Material: _____

Clean -up Procedures: _____

Volume Contained: _____

Evaluation of Environmental Impact:_____

- ☐ Water Quality Impact
- ☐ Fish Kill
- ☐ No Damage

By signing this form I attest that the information provided above is true and accurate.

Submitted by: _____ **Date:** _____

Indiana Confined Feeding Regulation Program



COMPLIANCE INFORMATION FORMS

(not required, but recommended be kept on site)

Presented by
Indiana Department of Environmental Management

SOLID MANURE STAGING RECORD

(Personal Document)

[illegible]



COMPLIANCE GUIDE

(Personal Document)

The checklist below should serve as a personal compliance guide for the approved farm. You should strive for an answer of “YES” or “N.A.”. Although a “NO” answer does not necessarily indicate a violation, it may indicate that compliance is questionable.

N.A.	YES	NO	
			Approval Requirements:
			Are all confinement and manure storage structures included in the approval?
			Are required setbacks outlined in the approvals met?
			Lagoon Storage Systems Maintenance Requirements:
			Is the embankment covered with vegetation that is well maintained (mown, trimmed, etc.)?
			Is the embankment free of trees or woody shrubs?
			Is the spillway stable and not eroded or damaged?
			Is the liner in tact and undamaged?
			Is the embankment stable and not eroding?
			Is the embankment solid and not soggy or damp?
			Is the embankment free of animal burrows?
			Are diversion berms properly vegetated and maintained?
			Is the lagoon clear of debris and foreign materials (medical debris, trash, etc.)?
			Are freeboard markers firmly and properly mounted?
			Is the liquid level below the twenty-four (24) inch freeboard requirement?
			Buildings and Pits Maintenance Requirements:
			Is the foundation free of cracks or seepage?
			Does the roof or gutter system divert water away from the storage structure?
			Are pump-out ports covered and intact?
			Solid Manure Storage & Staging Maintenance Requirements:
			Is the manure being stored on-site for less than seventy-two (72) hours?
			If stored for more than 72 hours, is it covered or otherwise protected?
			Is manure application projected to occur prior to the ninety (90) day stockpile rule?
			Do the storage piles have adequate run-on and run-off controls?
			If staged within three hundred (300) feet of surface waters, drainage inlets or water wells, is an impermeable barrier or surface gradient present that properly diverts run-off?
			Is the waterway free of any manure on standing water?

			Dead Animal Utilization Requirements:
			Are there run-on and run-off controls from the compost site?
			Is the compost applied to land appropriately?
			Is the burial site covered appropriately? (at least 4 feet of cover)
			Is rendering removed within 24 hours of death?
			Manure Transport and Handling Maintenance Requirements:
			Is the transport containment free of leaks?
			Are watertight valves functioning properly for tank inlet/outlet?
			Are measures taken to contain solid manure during transport?
			Operating Records: (reviewed for completeness)
			Valid approvals, modifications & notifications.
			Copy of application packages (for CFOs approved after the effective date of 327 IAC 16).
			Copy of current manure management plan.
			Complete and updated monthly self-inspection reports.
			Complete and updated emergency spill response plan.
			Copies of spill reports & response plans implemented within past five (5) years.
			Manure Land Application Information: (reviewed for completeness)
			Calculations for manure application acreage.
			Land use agreements.
			Type of manure applied.
			Manure test results.
			Soil tests for the application sites.
			Amount of manure applied.
			Application method used.
			Locations where manure was applied.
			Number of acres on which manure was applied.
			Dates of manure applications.
			Potentially available nitrogen agronomic rates used on each field.
			Manure Marketing & Distribution Records: (reviewed for completeness)
			Name & address of persons who received or purchased >ten (10) cubic yards or two thousand (2000) gallons of manure in one year.
			Amount of manure received by the person.
			Copies of manure distribution information sheets.